



Date Received:

Rev 10/1/2014

NEW HANOVER COUNTY
ALCOHOLIC BEVERAGE CONTROL BOARD

EMPLOYMENT APPLICATION
WEB

Administrative Offices
6009 Market Street
Wilmington, NC
28405-3617

Phone: 910.762.7611
Fax: 910.343.0491

Print or type this application and be sure to completely answer **ALL** questions so that we receive all information necessary to move forward with the process.

Name: _____ Last 6 digits of SSN: _____
(First) (Middle) (Last)

Position Applied For: _____ Date: _____

Tell us how you learned of this position. (Check only one block.)

- ☐ Newsletter
- ☐ Employment Security Commission
- ☐ Listserve
- ☐ Newspaper (specify) _____
- ☐ Internet (specify website) _____
- ☐ Other (specify) _____

Mailing Address: _____
(Street or PO Box) (Apt. #) (City) (State) (Zip)

Contact Information: _____
(Home Phone) (Business Phone) (Cell Phone) (E-Mail Address)

If none, where can you be reached by phone? _____

Are you a citizen of the U.S.? ☐ Yes ☐ No If no, are you authorized to work in the U.S.? ☐ Yes ☐ No

**Proof of citizenship or immigration status will be required upon employment.*

Are you at least 21 years of age? Yes _____ No _____

Please provide the information requested below. This information is necessary for statistical purposes only (Equal Employment Opportunity) and will be retained separate from the application for employment.

For Official Use Only

Name: _____ Last 6 digits of SSN: _____

Position Applied for: _____

Ethnic Group:
(check box to left
of group)

☐ White

☐ Asian/Pacific Islander

☐ Black

☐ American Indian/Alaskan Native

☐ Hispanic

☐ Other _____

Sex: ☐ (M)male ☐ (F)female

Date of Birth: _____ / _____ / _____

Applicant Signature _____ Date _____

EDUCATIONAL EXPERIENCE	Name & Location	Years Completed	Credit Hours	Status	Major Subject
Elementary School			N/A	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
High School			N/A	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	N/A
College or University (Undergraduate)				Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:	
Graduate or Professional				Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Type:	
Technical School				<input type="checkbox"/> Degree <input type="checkbox"/> Certificate Type:	
Other School(s)					

Other training, workshops, courses, etc. _____

Equipment you can operate (list in appropriate blanks)

10-Key Calculator _____

Cash Register _____

Pallet Jack/Fork Lift (Licensed?) _____

Other (Describe) _____

Skills in which you are proficient (list in appropriate blanks)

Customer Service (Describe) _____

Software (state type and level of proficiency) _____

Selling/Serving Alcoholic Beverages (Describe) _____

Other (Describe) _____

Licenses or certifications (list in appropriate blanks)

Professional licenses (nurse, contractor, etc.) _____

If required for position applied for, ☐ Yes ☐ No If yes, If yes, If yes, give driver's
do you have a driver's license? give class: give State: license number: _____

Certifications or other licenses _____

If required to carry out the duties of this job, do you have use of a personal vehicle? ☐ Yes ☐ No

DO NOT WRITE IN THIS SPACE

WORK EXPERIENCES: Beginning with your present or last work experience, provide information on any work experiences you have had including military, volunteer, internships and formal employment. You may attach a résumé to supplement the requested information, *but do not leave anything out*. If you need more space, attach another page.

A. Title of present or last position _____ Starting salary _____ Last salary _____

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____ # supervised by you _____	
Full-time:	Years	Months	Address _____ Telephone _____	
			Duties: _____	
Part-time:	Years	Months		
If part-time, number of hours worked per week			Reason for leaving or looking to leave _____	

B. Title of next to last position _____ Starting salary _____ Last salary _____

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____ # supervised by you _____	
Full-time:	Years	Months	Address _____ Telephone _____	
			Duties: _____	
Part-time:	Years	Months		
If part-time, number of hours worked per week			Reason for leaving _____	

C. Title of next position _____ Starting salary _____ Last salary _____

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____ # supervised by you _____	
Full-time:	Years	Months	Address _____ Telephone _____	
			Duties: _____	
Part-time:	Years	Months		
If part-time, number of hours worked per week			Reason for leaving _____	

D. Title of next position _____ Starting salary _____ Last salary _____

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____ # supervised by you _____	
Full-time:	Years	Months	Address _____ Telephone _____	
			Duties: _____	
Part-time:	Years	Months		
If part-time, number of hours worked per week			Reason for leaving _____	

E. Title next position _____ Starting salary _____ Last salary _____

Date Employed:			Name & title of supervisor _____	
Date Separated:			Employer _____ # supervised by you _____	
Full-time:	Years	Months	Address _____ Telephone _____	
			Duties: _____	
Part-time:	Years	Months		

Applicant Name _____
Last 6 digits of SSN _____
Position Applied For _____

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WORK EXPERIENCES CONTINUED:

F. Title next position _____ Starting salary _____ Last salary _____

Date Employed:			Name & title of supervisor _____		
Date Separated:			Employer _____ # supervised by you _____		
Full-time:	Years	Months	Address _____ Telephone _____		
			Duties: _____		
Part-time:	Years	Months	_____		

If part-time, number of hours worked per week			Reason for leaving _____		

G. Title next position _____ Starting salary _____ Last salary _____

Date Employed:			Name & title of supervisor _____		
Date Separated:			Employer _____ # supervised by you _____		
Full-time:	Years	Months	Address _____ Telephone _____		
			Duties: _____		
Part-time:	Years	Months	_____		

If part-time, number of hours worked per week			Reason for leaving _____		

H. Title next position _____ Starting salary _____ Last salary _____

Date Employed:			Name & title of supervisor _____		
Date Separated:			Employer _____ # supervised by you _____		
Full-time:	Years	Months	Address _____ Telephone _____		
			Duties: _____		
Part-time:	Years	Months	_____		

If part-time, number of hours worked per week			Reason for leaving _____		

I. Title next position _____ Starting salary _____ Last salary _____

Date Employed:			Name & title of supervisor _____		
Date Separated:			Employer _____ # supervised by you _____		
Full-time:	Years	Months	Address _____ Telephone _____		
			Duties: _____		
Part-time:	Years	Months	_____		

If part-time, number of hours worked per week			Reason for leaving _____		

Applicant's Signature

Date

REFERENCES

List three persons who are familiar with your qualifications for employment:

(1) **Name:** _____ **Occupation:** _____

Address: _____
(Street or PO Box) (City) (State) (Zip) (Phone)

(2) **Name:** _____ **Occupation:** _____

Address: _____
(Street or PO Box) (City) (State) (Zip) (Phone)

(3) **Name:** _____ **Occupation:** _____

Address: _____
(Street or PO Box) (City) (State) (Zip) (Phone)

Are you related to a current Board member or any person

employed by the New Hanover County ABC Board?

☐ Yes ☐ No

Name: _____ Relationship: _____

If hired, when can you report to work? _____

Name(s) under which you have worked or been educated, if different from present name: _____

Are you capable of performing the activities involved in the job for which you have applied with or without reasonable accommodation? ☐ Yes ☐ No

Have you **EVER** been convicted, under any name, of an offense against the law, other than a minor traffic violation? Offenses include, but are not limited to, driving while impaired, simple worthless check, and **ANY** misdemeanor or felony, even if resolved outside of court. A conviction does not mean you cannot be hired; the offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.

☐ Yes ☐ No If yes, fully explain each, giving dates and details. Use additional sheets, if necessary, and sign and date each.

THIS ORGANIZATION PARTICIPATES IN E-VERIFY

APPLICANT SIGNATURE (Read carefully before signing below)

I certify this application truly represents my background and experience. I understand that failure to give complete information, falsification, or misrepresentation may prevent my being hired, and if discovered after hiring, may be grounds for immediate dismissal. I authorize investigation of all information given in this application. This includes, but may not be limited to:

- Driver's record check, if necessary for the job;
- Criminal background check;
- Reference checks from current and previous employers and/or supervisors;
- Educational institutions;
- Registration and licensing boards;
- Any other information submitted on or attached to this application.

I agree that if hired as a New Hanover County ABC Board employee, I must furnish my social security number for payroll purposes, and the necessary bank account information for mandatory direct deposit. I understand that if hired as a New Hanover County ABC Board employee, certain information from my personnel record may be disclosed to any person, as required by North Carolina General Statutes. I further understand that if hired as a New Hanover County ABC Board employee, I may be required to work during emergency situations in addition to the duties assigned to this position.

Applicant Signature

Date

THE NEW HANOVER COUNTY ABC BOARD IS COMMITTED TO EQUALITY IN ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS AND ACTIVITIES AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES BASED ON RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE OR DISABILITY.